

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023982

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1228

Primary Registration District No. 2000

Registrar's No. 1167

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SPRINGFIELD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY Greene

c. CITY OR TOWN SPRINGFIELD

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION City Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1954 W. Thoman

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First RANZY

Middle

Last SELLS

4. DATE OF DEATH

Month July

Day 5

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/6/1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alf Sells

13b. MOTHER'S MAIDEN NAME

Eliza Smith

14. NAME OF HUSBAND OR WIFE

Lydia Sells

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

No

17. INFORMANT

Lydia Sells (Wife) Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ca of Lung c Metastasis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

7/5/63 10:00

to 7/5/63 P.m.

and last saw him alive on 7/5/63

22a. SIGNATURE

(Degree or title)

James W. Brown M.D.

22b. ADDRESS

311 1/2 College SPRINGFIELD MO

22c. DATE SIGNED

7/6/63

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)

Burial

23b. DATE

7/8/63

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

KLINGNER MORTUARY, INC. SPRINGFIELD MO.

25. DATE RECD. BY LOCAL REG.

7-10-63

26. REGISTRAR'S SIGNATURE

Effie S. Merton

jhc

(Licensed Embalmer's Statement on Reverse Side)

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 0

5 1

6

7 0

8 0

9 163X

10

11

12 6-0

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 15 1963

Journal 7-8-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Klumpner Jr

Licensed Embalmer No. 5102

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.